附件1

2021年农村房屋安全隐患排查整治工作抽查项目申报表

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| 单位名称 | | | |  | | | | | | | | | | | 单位性质 | | | |  |
| 法人代表 | | | |  | | | | | | | | | | |
| 单位负责人 | | | |  | | | 联系电话 | | | | |  | | | 传真 | | | |  |
| 单位地址 | | | |  | | | | | | | | | | | 邮政编码 | | | |  |
| 抽查工作负责人 | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | | 年龄 | |  | | | 学历 | |  | | |
| 职务 | |  | | | 职称 | | |  | | 研究专长 | | | | |  | | | | |
| 联系方式 | | | | | 座机： | | | | | | | | | | 手机： | | | | |
| 抽查工作参加人员 | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 性别 | | | 年龄 | | | 学历 | | 专业 | | | | 职称 | | | 承担  任务 | | |
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| 抽查工作联系人 | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | | 年龄 | |  | | | 学历 | |  | | |
| 职务 | |  | | | 职称 | | |  | | 研究专长 | | | | |  | | | | |
| 联系方式 | | | | | 座机： | | | | | | | | | | 手机： | | | | |
| 单位申报意见：  （公 章）  年 月 日 | | | | | | | | | | | | | | | | | | | |